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# Catching

# Cold,

—BY—

CHARLES E. PAGE, M. D.

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# CATCHING COLD,

—BY—

CHARLES E. PAGE, M. D.,

AUTHOR OF

*"How to Treat the Baby," "Natural Cure of Consumption, Pneumonia  
and Typhoid Fever," Etc.*

—O—

NEW YORK:  
THE HEALTH-CULTURE CO.,  
PUBLISHERS,  
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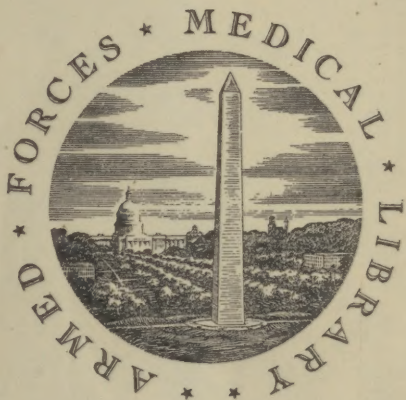
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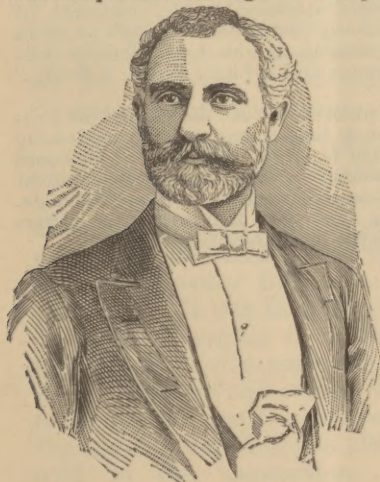


## INTRODUCTORY.

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*Catching Cold* was first published in *Health-Culture* for which it was written. The publishers deeming the subject of great importance secured its revision and enlargement by the Author for this more compact and permanent form.

Dr. Page is so widely known through his contributions to Hygienic literature it is thought a few words as to his personality and this portrait although not a very good one might be of interest.



CHARLES E. PAGE, M. D.

Ullman's Brigade. He was then assigned to the Department of the Gulf as Assistant Superintendent of Negro Labor, and stationed at Brazier City, La. Here he had charge of all contrabands who came into our lines from Gen. Banks' raid and saw that all were well cared for, clothed, and transported. Here he was taken prisoner,

Charles Edward Page, M. D., son of John Calvin and Fanny (Gould) Page, was born in Norridgewock, Me., Feb. 23, 1840. He was educated in the local schools, finishing at the Eaton Academy of Norridgewock. After leaving school he taught awhile in Anson and Madison Me., meanwhile taking up the study of medicine. He entered the manufacturing business, but soon withdrew from it and resumed his studies. These were again interrupted by the Civil War. In 1862 he went to the front.

After being severely wounded at Fredericksburg he was, upon his recovery, made lieutenant, in the Fourth United States Volunteers,

and held within the Confederate lines for thirteen months, when he was exchanged. His health failing he resigned and returned North, and resumed his medical studies.

In 1879, after nearly twenty years of earnest medical study, he entered the Eclectic Medical College of the city of New York, class of 1881. In 1881 he published his first book, "How to Treat the Baby." This was followed by 'Natural Cure of Consumption,' which has been extolled by noted medical men as the most practical book ever published on the subject. He has been a frequent contributor to the leading medical and literary journals, and it was largely owing to these writings, and to the publications referred to, that when, in 1884, after a period of foreign travel and study, he settled in Boston, he very shortly had his hands full of business. Before the close of his first year there, he was enjoying a lucrative practice; whereas, as is well known, it usually requires from five to eight years for a first class man to establish a living practice in a large city. He has given especial attention to the treatment of obesity and various disorders arising therefrom, although he is an expert in typhoid fever and pneumonia, and an exceptionally skillful general practitioner. "Pneumonia and Typhoid Fever: A Study," is his latest publication.

The royalty paid him by his publishers, on the sale of his publications through the regular book houses, has added considerably to his professional income, which is large. The fact of his books having been so widely read accounts for an extensive professional correspondence, which has for some years been a very profitable department of his practice. It is thus seen that his work differs materially from that of the strictly local practitioner.



## CATCHING COLD.

BY CHARLES E. PAGE, M. D.

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If in reply to your question, "How do we catch cold?" I were simply to say, "We don't," this would not by any means prove satisfactory, even though it be practically the truth, and one of the most important ones, looking to the establishment of soundness of body and freedom from doctors and all the risks of depending upon them instead of "running your own machine."

A few years ago a very level-headed man consulted me for certain troubles, and he asked me if I could explain one thing that had puzzled him about every year, at least, and as often as the thought came into his mind: "Why is it," he asked, "that I catch cold every fall *when I put on my winter flannels?*" It was then September, and about his time for changing from thin to thick underwear, and I succeeded in convincing him that underclothing was a nuisance and always worn at one's risk, and he consented to simply abandon his light inner suit and the use of under flannels altogether. He caught no cold in the transaction, and in the spring he was able to state that he had passed the most comfortable winter of his life, though about sixty years of age, and he had been practically free from "colds" having modified his dietetic habits somewhat by my advice.

If the foregoing should strike any reader as at all new, let me hasten to set him right, and to show that here, again, is proof that, "there is nothing new under the sun." "I shall not undertake to explain," said that wisest of men, Dr. Benjamin Franklin, "why it is that we are more likely to catch cold from damp clothing, than from wet clothing, for I doubt the truth of the saying. Moreover, I suspect that the causes of colds are totally independent of wet, or even of cold," (Essays, p. 216.) Still earlier in the history of the race, another sage philosopher, Chrysostom in the 4th century: "She who lives in pleasure will be subject to rheums, catarrhs, phlegm, and all manner of disorders." It is not so much pleasure, as ignorance, that makes man the only animal so filthy that a nose-cloth must be his constant companion, since it is not considered good form to copy the small boy's coat-sleeve tactics.

The reign of superstition is not yet ended, and to borrow the phraseology of Lady Cook, in "Modern Habits and Customs" in the *Westminster Review*, "will it not be recorded against us, to our eternal disgrace, in ages to come, that at the close of the nineteenth century there were men of letters, leaders of thought, editors of influential periodicals, who were not ashamed to avow themselves believers in ghosts and in communications from a spirit world,"—and, I will add, in the prevailing notion (it is not worthy to be called an idea) as to the origin of "colds?" And it strikes me as being particularly shameful for physicians to cling to the delusion, but the fact that, as a rule, they do, will explain their many needless failures in treatment of sickness, and their utter failure to make themselves living examples of a long life and a merry one.

We pose as healers of the sick, and ("on paper") as instructors in prophylaxis, and we are of almost all professional men the shortest lived. And this, too, in spite of the fact that we poison ourselves less than we do our clients, a fact which has given rise to the saying, "Doctors never take their own medicine." And, still, we die young! This cannot be said to be due to over work, for so great is the surplus of physicians the country over, a surplus that increases beyond measure every spring when the diplomas ripen, that on the average they fall a long way short of having all they could comfortably attend to. Anxiety as to income may, indeed, in some measure account for our early taking off: and doubtless the turning and twisting practiced by so many to make both ends meet is not the exercise best adapted to promote health and long life.

If the reader fancy that the foregoing is apart from the subject under discussion I will merely remark that when a man is dying he may with some propriety be said to be catching cold; but it is death that gives him the cold, not cold that causes death, else a perpetual bath at 98.4 F. would solve the problem of eternal life. In explaining how many in the profession get their last cold, i. e., death, I am not wandering from my theme. If we are not the longest-lived of all men it is chiefly because we as well as the laity, fail to interpret, or to obey the "health-laws of nature;" we are "blind leaders of the blind."

We have a few long-lived doctors in every generation, but they are the ones who work the hardest, have the most patients, and yet give the least medicine, certainly take the least; and of all things, the physician whom it is safe to trust will

be his own family doctor, when critical sickness enters the home. This is not the rule, far from it, among drug-doctors, it has to be confessed.

Indeed, there is nothing quite so pitiable, as it seems to me, as the position of the average drug-doctor when sickness attacks his own dear ones—the distrust as to the efficacy, or even usefulness, of his so-called treatment, which leads him to send for some other physician, in the hope that that other may, per chance, do some good. How different with the hygienic physician, or even the plain hydro-pathist! The latter feels a sort of safety in the midst of sickness altogether unknown to the average drug-doctor; while the really expert hygienist (who is also a hydrotherapist, and efficient in every measure that can aid the organism in its efforts to recover its balance, as well as in detecting and reforming certain prevalent errors in sick-room dietetics, which tend to prevent recovery)—the hygienist, I say, is conscious of a degree of mastery over even the disorders which to the drug-doctor are of the most alarming character, such as the latter experiences in a mild case of measles.

But, passing from these “cold facts” to the general question of whether we catch cold from cold, as is commonly held, or, on the other hand, that, owing to false education on this point, when certain indications of disease are observed *it is assumed* that the individual has *caught cold*; and this, regardless of the question whether he has suffered the slightest exposure, beyond having “taken gruel out of a damp basin” (which was the only explanation one old lady could give for the “cold” that caused her death, or) neglecting to replace the middle button of his ulster, wiping his hands on a damp towel, etc, let us



consider a few points, here, such as can for the most part be verified by every reader:

1.—All sorts and conditions of people—from the delicate infant and frail consumptive to the most robust man—have colds, say to-day, though utterly at a loss to account for them, having suffered no exposure to the supposed cause.

2.—Next month, perhaps, the same individuals—the frail and delicate ones, even—may pass through severe exposures to cold and wet, even to the point of being chilled through and through, without producing a single symptom of this disorder,

3.—The disease runs riot, so to say, all the year round; scarcely an individual in any (civilized) community escapes altogether, while some persons have an attack every few weeks, some, indeed, being seldom free from one; others, notably infants and young children who are fed the most frequently and excessively, *most excessively clothed*, and over whom the greatest care is exercised to prevent “colds,” are the worst sufferers of all from nasal catarrh, difficult breathing, (“snuffles,” “cold in the head”) etc., and are peculiarly subject to acute attacks. In fact all the infantile diseases, severe or mild, are ushered in with symptoms of “cold.”

4.—“Colds” are far more prevalent during a season of steady hot weather in summer than during a period of steady cold weather in winter! But it is *during a warm spell* in midwinter, after the world has for quite a period been *confined within doors*, that “everybody has a cold,” that is to say *everybody that sticks to his flannels and top coat!*

5.—A few exceptionally well informed persons, who dress lightly, live abstemiously, take plenty of

free exercise in the open air, and expose themselves continually in a way to excite the horror of their neighbors, seem to be practically exempt from the disease, all disease, in fact, as is true of another class, not necessarily so very bright or well-informed, viz: the simply "careless" ones. If their carelessness leads them to be indifferent to clothing, or rather, to avoid bundling; and especially if their occupation in life subjects them to a deal of exposure to the elements, as, for example, sailors on our northern coasts in mid-winter, or soldiers in active service, they seldom manifest the symptoms. In three years campaigning, though often suffering with the cold, sleeping in wet clothing in extreme cold weather, etc., the writer never had the disease, nor did he observe a case of it; but when it was a question of detached service, and the lucky ones were warmly housed, having no exercise, but well supplied with a greater variety of food than usual, every one thus placed would have "it." A week or two of this sort of thing would give us a "lovely cold."

Personally, when conscious of being "in condition" I have found it absolutely impossible to become disordered through exposures of the most radical sort to which I have subjected myself voluntarily for the simple purpose of proving the theory herein advocated; on the other hand, when I have at times been too much exposed to indoor life, eating over-freely, neglecting my exercise, etc., for a considerable period of time, I have, *without any other sort of exposure*, occasionally exhibited some of the symptoms of what is popularly called *cold*, but which I call by what I am certain is its true name, viz: a filth disease, pure and simple; but there can be no greater folly than that of calling a disease

a *cold* which is characterized rather by *heat* than cold.

"New and valuable discoveries and inventions are not slow at the present time in making their way from the closets and laboratories of the investigators or discoverers to popular recognition," says Prof. J. B. Stillman in the popular *Science Monthly*. "It is somewhat otherwise with the gradual development of knowledge on subjects once thought to have been tolerably clearly understood. The gradual modifications which take place in generally accepted theories by the slowly accumulating results of the labor of many investigators are, to be sure, appreciated by the special student in the particular department of knowledge concerned, but are slower in meeting with public recognition.

"It thus happens that teachers and books, not dealing as a specialty with the subject involved, often adopt and repeat as authoritative views and theories which, by the specialists in those branches, have either been abandoned or brought seriously into question. Nor is it to be otherwise expected. Chroniclers are quick to seize upon and distribute the news of brilliant or startling discoveries or inventions, but those are fewer who will track patiently the slowly accumulating evidence of many workers, appreciate the bearing of their work, and produce it in the form in which it can be appreciated by those non-specialists most interested in the subject involved."

To no subject is this statement more applicable than to that of the source of the eternal "cold" which is almost universally accepted as the cause of a wide range of acute and even chronic disorders, whereas, in fact, the so-called cold is simply a crisis

in the victim's disease whether or not the patient has been conscious of the existence of his ill-condition up to the hour of its active manifestation.

The one question that, of all others, I am sure to ask, as a guide to a correct diagnosis, of every consultant seeking my professional services is, Do you catch cold easily? In nineteen cases out of every twenty the reply is in the affirmative. Now and then the reply is "No, I seldom have a cold," and it usually happens that this consultant is one of the few individuals not given to bundling himself as a protection against the disorder in question.

What can the believer in the prevailing theory as to the cause of "colds" say of the following experience?

Dr. Olin F. Buell of Henderson, N. Y., writes to the *Medical World* to inquire what prevented a patient of his from dying outright under circumstances which he describes as follows:

"On one cold, stormy night in December, the wind north-east and blowing hard, the mercury standing at nine degrees below zero, I was called to attend Mrs. P., whom I found in a shanty a mile from any house, where she and her husband were snow bound, having been caught in a drifting storm, the lady's condition prohibiting further progress. The house was a deserted one, had been partially torn down, and was without a window or door in position, or a piece of furniture. This woman, down on the floor, was having labor pains and was shivering with the cold. With no more shelter than I have described, right there on that bare floor, in that "draught" of bitter cold air, she gave birth to a fine, healthy boy. She remained there till the next day, protected to some degree



by our overcoats at first, and then by wraps for which the husband had gone, till the next day, when we moved her home. A fever and ague chill would have been shamed by comparison with the chills this poor woman had during the time I have described. Why did she not die? And yet she made a good recovery and apparently suffered no bad effects from her frozen experience."

It is quite possible that this very woman, under wholly reversed conditions, confined in an over warm and unventilated "sick-room," and for the resulting malaise drugged, fed profusely before and directly after the babe was born, given an antipyretic drug for the resulting high temperature, etc., might have died of puerperal fever, or at all events have been invalided for life.

Says Dr. Levi Reuben: "There is a set of causes, which independently of temperature or exposure, produce genuine 'colds,' marked by the symptoms, course and results common to these ailments. The most important, *because most frequent*, of these, are repletion, and exhaustion from fatigue. Repletion or plethora—a surcharge of the blood with solid or liquid matters through the digestive organs—is a far more frequent cause of colds, [why then, the *name*, cold? Is it not a complete misnomer?] than the majority of the sufferers at all suspect.—An overful meal taken at any hour of the day [or, he might have added, eating a meal when exhausted from fatigue,] by at once overtaxing and clogging all the operations of life, *destroys the balance of the circulation*, checks the action of the skin, gives rise to feverishness, and may produce or reawaken a bronchitis, a catarrh, or any similar difficulty. This is a prolific source of those

'colds' taken in midsummer, and in the mildest weather, to account for which so perplexes their unfortunate subjects."

As the doctor's scapegoat, the general idea of colds is of practical value:

"He caught cold, and had a relapse, from which he could not rally," or "he had a succession of colds," "he kept catching colds, one on top of another," etc. Thus we observe what a scapegoat this universal superstition becomes to cover up the ignorant practices of physicians, nurses and friends who are about the sick-room and have any thing to do with the patient. Every such set-back is due to anything else rather than catching cold. The relapse is usually due to to excess in diet, the sick one's capacity for digesting and assimilating food being as feeble as for muscular work; too close rooms, too much bed-covers, etc., but owing to the misinterpretation by laity and the profession of certain symptoms, the real causes are not discovered.

The theory of dressing according to the weather would seem altogether rational, but it has to be admitted that unless rationally worked out the best theory must be useless and may even prove mischievous. Whoever puts on heavy underwear by the calendar, or on the advent of the first cold snap in the fall, is from that time on helpless, practically, at least in great measure, so far as concerns the operation of this theory. Even supposing the individual to be sufficiently well informed to feel safe in changing from heavy to light flannels whenever the weather changes from cold to warm, still, in practice it requires too much time and bother for the average individual to act upon the idea. Moreover, the change must be made every time we enter

the home, office, hall or church, if the mercury registers near 70 F., and the mere suggestion of this requirement suffices to show the impracticability of the theory so far as concerns the flannel question. But, since we spend most of our time indoors and, therefore, in perpetual summer weather, why not continue to wear summer clothing all the year through, so far as relates to the ordinary dress, and make the necessary changes in the outer wraps which can be put on or off at will? Another very important thought arises in this connection. The more the skin is sweltered by thick flannels in hot rooms the less fitted it becomes to withstand the action of cold when such exposure comes, as come it must every time the individual goes out in severe weather. This idea seems to be generally comprehended so far as outer garments are concerned, for most persons remove the overcoat on entering the house even for a brief period, on this principle, "to feel the good of it when they go out."

Said a widow of twenty years, an elderly woman, on learning my theory of dress: "My husband never wore flannels at all till the last winter of his life, although I had urged him every fall to adopt the practice. But that fall he yielded to my entreaties and allowed me to purchase some flannels, and I felt very happy when he put them on. Although not previously subject to colds he seemed to have one most of the time that winter, and he died of pneumonia in the spring." "Well," I consolingly remarked, "after all these twenty years you will doubtless be able to bear philosophically the reflection that your treatment was the means of his death!" With twenty years between her and her bereavement, she was, able to join in the general

laugh that followed my somewhat brutal remark

The husband of a lady in Portland, Oregon, for whom I had prescribed—a little 97-pound woman, strongly threatened with consumption—wrote to me saying, “I don’t know whether it will take one, or two, of the air-baths you recommend for Mrs. B., to kill her out and out, for she catches cold if a fly wings past her.” Nevertheless she acted upon my advice, and within three months from that time she was walking barefoot through the surf along the beach at their cottage on the Pacific coast, and became finally quite a robust woman, comparatively, able to walk three or four miles at a stretch with less fatigue than formerly she experienced from walking as many blocks. This shivering, slender creature who, from fear of catching cold, had practically dodged from day clothes to the bed, and from the bed to warm garments in a warm room, began almost abruptly to spend ten to fifteen minutes naked in a cool room, having at first hand-rubbing by an attendant, but ere long able to perform this office for herself, becoming shortly absolved from all fear of harm from such exposure.

With from one hundred to one hundred and fifty men and women under his care, from one month to one year or more each, according to special needs, upwards of two-thousand patients all told, in ten years of very busy practice, directing them in every particular as to diet, exercise, dress, etc., the writer may be said to have had exceptional opportunities for observations all along the line of dietetics in the broadest sense of the term. He has indulged but very slightly in experimentation, but has applied the knowledge he felt conscious of possessing in all these varied cases with wonderfully beneficial re-



sults. Stout persons have become slender and supple, emaciated ones have developed muscular strength and consequent plumpness of person, while all classes of patients who have been wise enough to obey instructions even tolerably well have acquired a sort of physiological cleanliness placing them on a plane above that indicated by the term, "subject to colds."

It is not to be imagined, however, that all these persons, nor indeed the major portion of them have become so rigidly careful in their living-habits as never to have any of the symptoms of disease, but they never call it by the popular name, nor seek to cure it by the usual means. They have learned the true source of the disorder and, therefore, the rational means of restoring *order*.

"Every man is a fool or his own physician at thirty," says Tacitus; and it has been the writer's ambition from the beginning of his professional career to so teach the laws of life, and of personal and general sanitation, that his clients might happily attain pretty nearly the standard of the philosopher as to what constitutes wisdom in one of its phases at least.

We all know that during a long period of warm weather in winter the death rates goes up at a bound by the fatalities from pneumonia, influenza, typhoid, and other filth-diseases.

If, as is generally held by physicians and the laity—the former being responsible, it is to be assumed, for the views of the latter, since we are hardly justified in assuming the reverse—warm weather in winter is productive of disease, how is it that we so often spend barrels of money in transporting ourselves to Florida, Southern California, the South of France, etc., to secure for ourselves

precisely the same conditions that prevail in the north during these exceptional weeks? Is it not utterly irrational while holding such views to take such a course? And in view of the foregoing presentation is it not clear to the mind of every thoughtful student, that it is not, *per se*, the lovely weather that does the mischief, but the inappropriate and unwholesome dress—not the June-like warmth of the air, but the relatively excessive clothing, none of which may be left off lest, forsooth, the poor sweltering and suffering wretch “catch cold?”

If we admit for the moment that Dr. Benjamin Franklin was correct in his surmise that “the causes of colds are totally independent of wet or even of cold,” and recall the innumerable instances in our own experience and observation of such attacks which could not be traced to any exposure more severe than that of the old lady who “caught her death o’ cold taking gruel out of a damp basin,” while, on the other hand we consider the endless instances of exemption from the disease when exposures of the severest kind have been suffered, we are in a position to give rational consideration to the alleged causes of the disease enumerated in the early portion of this paper and which are in greater or less degree operative with us all.

In this connection let us record an anecdote or two, the truth of which is vouched for. Dr Herring states as a very significant fact, that a family in which he was the regular attendant “always had colds in the head after dining on roast goose.” A client of mine, one of the brightest business men in this city, consulted me for himself, giving the following history of his attack: “We had a pretty heavy breakfast yesterday morning rather

late, but I felt perfectly well after it and up to the moment of sitting down to dinner. I was not hungry, far from it, and should not have eaten, but we were compelled to keep an engagement to dine with friends. The hour was two, and I sat down to the table feeling all right, but before the last course was reached I was conscious of having about the worst cold in my head I ever experienced."

Is there, then, no rational basis for the prevailing theory that "colds" are due to cold, or how can it be accounted for? From one stand-point there is not only a rational basis for the theory, but apparently the theory is absolutely proven. Here, for example, is a man calling himself well; he feels pretty well generally, and is attending to his affairs like a well man, but an expert would find no difficulty in proving him to be far from healthy. He would discover various symptoms of disease indicating the approach of a crisis, but the man himself does not thus interpret them. However, "the boil comes to a head" at last, or shows signs of heading, and the first appreciable symptom is a chilly feeling, perhaps a pronounced chill. This may take place at some time when the ailing one is sitting in a warm room, clad in the conventional harness, a heavy suit of underwear, thick suit of ordinary clothes, windows all closed, no suspicion of a draught, and apparently nothing at hand that by the farthest stretch of the imagination could account for the sudden chill. But our victim of the "colds" theory is not by any means shut up to this narrow view of the question. Having been born and bred in the belief that these symptoms arise from cold and nothing else, he has only to look back over his career for a few days to recall some unguarded mo-

ment when he felt a puff of fresh air through an open window, or going round a corner of a street with the middle button of his ulster carelessly unbuttoned, or a quick run to the post-box half a block away without his top coat—no matter what, nor how far back; he has “a cold,” and of course he must have “caught” it.

But, naturally enough, the shivery feeling may strike him at the very moment of some such terrible exposure, and then, of course, it is a clear case. What if he can recall times without number when he has been exposed to actual cold to the point of almost losing his teeth from shaking and “chattering,” as on a hunting trip in Maine, or fishing and getting caught in a shower, tramping for miles in wet clothing which perhaps was dried on, yet without having experienced the least sign of harm? Nothing counts against the colds delusion once fastened on its victim.

How can we account for the chilly feeling that creeps over the over-clad man, sitting in an over-warm, close room? In the first place consider one fact, viz: that this chilly man will speedily become warm, and feel perfectly comfortable, on removing every vestige of clothing and giving his skin a few passes with his flat hands. This is true even if he goes into a much colder room for his “air-bath,” as the writer has proved often enough by personal experience. How can this be explained? The explanation is a very simple one, and at once appeals to the judgment of any one at all well-informed in physiology and personal hygiene. Place the ball of one finger on the back of the hand, even very lightly, and observe the result on removing the finger, the *white imprint of the finger-end*. What



has been done? By little more than a feather's touch the blood has been sent away from the surface, hundreds of little blood-vessels have been emptied, and nerve-tips have for the moment been deprived of nutriment. Of course this alone is a very trifling interference with the free circulation of the blood and the proper nourishment of the nerves; but when it comes to the question of considering, by light of this experiment, the effect upon the circulation of the weight and pressure all about the body of eight to ten pounds of clothing, with close "arm-sizes," wrinkles at the elbows all pressing on the skin, snug waist bands, not to say corsets and tight sleeves (as in the case of women,) and all this upon the frame of an animal that was never by nature designed to wear clothing of any sort,—what then? The mere presentation of the case will suffice to convince every reflective mind that serious injury is done by this mode of dressing the body, especially indoors where the temperature is practically at or near summer heat. It is largely the abuse of clothing that causes the shivery, shaky, crawly feeling that more or less frequently creeps over every heavily clad person, and deceives him so completely whenever his ill-conditioned body begins the work of ridding itself of the disease-producing matters that have been accumulating for months, perhaps for years. Chills, fever turns, pain, headache etc., in brief all the symptoms of disease, are manifestation of the efforts of the organism to throw off the toxic elements that have been collecting since the last "cold" cleared the system more or less effectually. It should be known that every such crisis represents "nature's house cleaning," and if we learn how to keep the tenement clean and do

keep it clean, there will be no crisis from cold or anything else.

Plenty of exercise in the open air, light clothing, plain food, enough (that is, not too much) of it, a rational degree of exposure to all weathers, the avoidance of excesses of all kinds, eating only when hungry, resting before eating, if fatigued,—these are the chief points to observe to prevent disease, and sickness which results from disease.

To the minds of all who fully comprehend the bearing of all that has been said herein it must be clear, that were the prevailing, almost universal, misconception as to “colds” and their causes set right—or, in other words, if the people everywhere were well informed, instead of misinformed, as to the real causes of their disorders—so that their “common sense” could be rightly instead of wrongly applied in the matter of the care of their health, a very large proportion of most forms of sickness would be avoided and the death-rate throughout the year reduced by one-half.

It also naturally follows that by far the larger proportion of the millions of dollars now paid to physicians, nurses, druggists, and in defraying all the expenses of needless sicknesses, would be saved; and to this there would be added the vast saving of the time and wages now lost in sickness—in fact, a saving in so many ways and in such degree, that we are almost lost in contemplating it and all the advantages that would arise there from.

If we take Prof. Victor C. Vaughan’s estimate of the cost of one disease alone, typhoid fever, as given by this professor in the Michigan University (in the *Independent* for December 7, ’93,) we have a basis for calculations to which only a Henry George

could do justice. Prof. Vaughan's final summing up of the money loss from sickness and deaths from the disease named is sixty-four millions (\$64,000,000,) and he says: "I am not an alarmist, I am not a pessimist, but when I think of the fearful ravages which preventable diseases cause among us, I fear that we are yet far removed from real civilization, and that many generations must pass away before man realizes that he is his brother's keeper.

"The prosperity and happiness of the nation are not correctly measured by its wealth," he adds, "by the value of its agricultural products, by its exports or imports, by the number of immigrants who annually flock to its shores, nor even by its birth-rate, but by the length of life of its inhabitants."

It will not be out of place to consider in this connection the question as to how many of the fifty thousand (50,000) lives now lost annually (which is Prof. Vaughan's estimate) would be saved could all typhoid fever patients have the treatment employed by Brand in Germany, and by his followers in Europe and in this country, a very small percentage, it has to be confessed, of the medical fraternity, though it is one of the promising signs of the times that the number of men who do employ this life-saving method is steadily increasing. As a basis for calculating the saving of life which would be effected by the Brand treatment if applied in all cases, I will refer to one series of cases treated by Brand, Vogl and Juergensen, 1223, in which there were but 12 deaths, or about 1 per cent. as against the ordinary death-rate of 15 to 20 per cent.

Dr. J. C. Wilson, Professor of Therapeutics in Jefferson Medical College, reports 64 cases of typhoid fever treated by him in the German Hospital,

Philadelphia, by the bath (Brand's) method without a death, while the mortality in the other Philadelphia hospitals averaged 15 per cent., (Dr. S. Baruch, in *Medical Record*, December 23, '93.) Dr. H. B. Ball has recently had but one death in forty cases at the St. Luke's and New York Hospitals. The writer's success with this treatment has been equally satisfactory, and I find no difficulty in its practical application in private practise. Moreover, I have directed the treatment of several cases of typhoid fever, by telegraph, one in New York, two in St. Paul, and one in Chicago, without a death by the Brand method, i. e., so far as the *active* treatment was concerned this was all the treatment given. My own practice as to diet is widely different from that in vogue with most physicians, but I find that this modification shortens the sickness in every case, and often suffices to abort the disease. For example: In the New York case above referred to, that of a five year old boy, ailing for two weeks before finally attacked with typhoid fever, then on the ninth day of sickness coming under my care (the diagnosis of typhoid made certain by two prominent New York physicians who had been in charge of the case,) with temperature  $104\frac{1}{2}$  F., delirium, etc., my treatment aborted the disease, secured convalescence, and on the fourth day the little fellow was comfortable and playing with his toys in bed. With such a result as this after nine days of drugging and forced feeding, it is easy to conclude that had the right principle been applied at the beginning of the sickness, the case would have been much simplified.

From the above digression from the original theme, that of the prevailing misconception as to



the causes of disease, by which even the most conscientious of liver is thrown completely off the track, as to prevention and cure, let us return to consider the question of the responsibility of the profession in the premises. But, at the very outset, it has to be confessed that the physicians themselves are, as a rule, full sharers in the false notions prevailing among the laity, and, therefore, no blame can attach to the profession for the misconception, nor for any of the evils arising therefrom. The fact of the matter is, the schools are terribly deficient in the matter of practical instruction as to the true causes of disease, and still more at fault as to rational means of "cure." It was the well known remark of Professor James Gregory, who added as much reputation to the medical department of the University of Edinburgh as any other individual, that "ninety-nine in the hundred medical 'facts' are medical lies, and most medical theories are stark, staring nonsense."

If, indeed, all physicians were thoroughly wise in all matters pertaining to personal, as well as public hygiene, and were to become enthusiastic instructors in these matter in all the families under their care, it is not difficult to imagine that ere long the greater proportion of the profession would be compelled to engage in some other business! Alas, then, for the increasing number of medical schools the country over and for the grand army of medical students now flocking to join a profession whose members thrive only by the decay of their fellow creatures.

Dr. Charles Briggs, the eminent Presbyterian, is reported as saying that fifty thousand of the ninety-nine thousand preachers in this country

could well be spared; and the writer is certain if one hundred thousand of our one hundred and thirty-one thousand doctors were to seek other employment "they never would be missed," except by the druggists, dealers in mourning materials, and undertakers.

In conclusion, let us consider the following health hints, as preventive and curative of disease:

Appetite, etc. Never eat unless hungry. Never a mouthful. To eat without an appetite is a species of self-abuse which is inexcusable for sick or well. There is no pleasure in it, and it prevents the speedy return of a normal appetite. Never eat when tired (except juicy fruits); rest first, then eat; better "SKIP any meal than eat before resting.

Better not exercise actively soon after eating (except after juicy lunch).

The Air Bath. On rising, pass the wet hands over body and limbs after washing face and neck, and then, after a thorough towelling, take a nude walk-around for 10 to 30 minutes in a cool, well-ventilated room (every minute is so much to the good), rubbing every part of the body well.

Sedentary persons should make this as much of a gymnasium as possible. Expand the LUNGS by deep breathing. Exert the arms, shoulders, chest. In brief, try to let the night and morning undo as much as possible of the day's mischief from the harness worn, and the habits of life which are so far from natural. This soon becomes a great pleasure.

This AIR BATH should be repeated at night on retiring. You can't overdo it. It means health.

Exercise. The more exercise, the better, short of extreme fatigue. Begin in earnest and try to

make a daily gain in amount and vigor of all-around exercises. This is the true source of strength and, largely, of health. For persons who are on their feet a great deal, the extra exercise should be of a nature to develop the chest, shoulders and arms, and the air-bath gives the best possible opportunity.

Ventilation. Warm, close rooms and “stuffy” air are more unwholesome to all classes than tainted meat. Yet, nevertheless, it is almost the rarest thing in the world, I observe, to find a home even fairly well ventilated.

Clothing. For gentlemen, a light-weight suit, with linen shirt, no underwear; and for ladies, a correspondingly light “harness”; that is what I would prefer; for, to let the skin breathe freely, is equivalent to having a second pair of lungs; for the skin is really a *breathing organ*; besides, the DISINFECTING INFLUENCE OF THE AIR upon the FOUL EXCRETIONS OF THE SKIN is of PRIME IMPORTANCE. THE AIR BATH is of inestimable value in this way, besides being a powerful general “tonic.”

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OSHKOSH, WIS., Sept. 1st, '94.  
MR. ALBERT TURNER, Manager  
HEALTH-CULTURE CO.

Dear Sir:—You are very welcome to publish anything I may say in commendation of Dr. Forest's work for I feel that I cannot say enough. My friends tell me I am a "crank" on the subject; and I tell them I am, but why should I not be; from my earliest recollections I was always considered an invalid; although I would not allow people to call me such. I could never do as other children because of ill health; then came a Bronchial trouble which seemed gradually to settle on my lungs. The doctors did all they could for me and then advised me to go to the mountains; we had relatives in the East so I went to the White Mountains and then returned home as every one supposed to die with consumption. A friend told me of this Hygienic treatment, and I sent for the book. It was a great relief I assure you to dispense with medicines. For three years I did not allow anything to interfere with the treatment; (and let me say

right here, I think perseverance is necessary in any kind of treatment where the case is a chronic one). Now I consider myself well.

I remain, respectfully yours,  
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This letter from a lady in this city, a member of a physician's family will be read with interest.

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The following somewhat personal letter from a clergyman we think so important as to justify its publication:

PASSAIC, N. J., Oct. 11th, '94.

Dear Mr. Turner:—In the middle of January, this year, I was sent for to preach in a country town near here. I was entertained by one of the Supply Committee who had just finished repairing his house, and he placed me in a bed room newly plastered and without heat. He claimed that the plastering was dry, but I soon found out that it was hard from cold and not from heat. However, sooner than hurt his feelings I slept there two nights and returned home with a cold that resisted every effort to dislodge it. It seemed to me as if my public speaking was at an end. After suffering six months or more, I met you on the train and you told me of the benefits to be derived from the "Exhaler." A few days later I received one and

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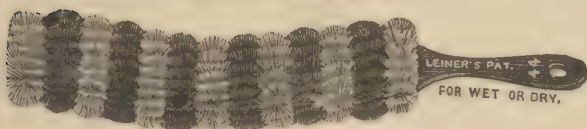
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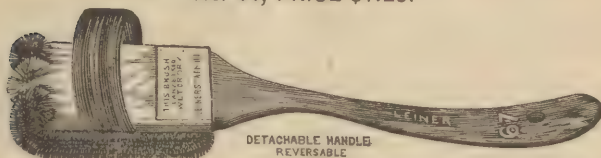


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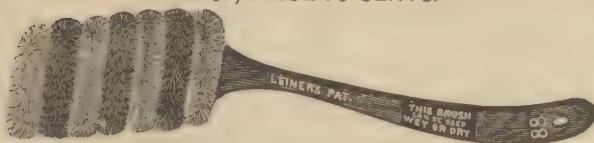


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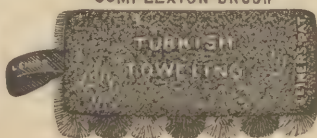


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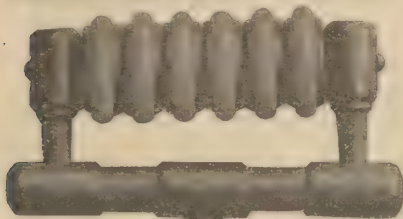
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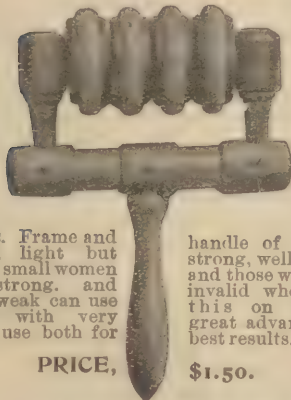


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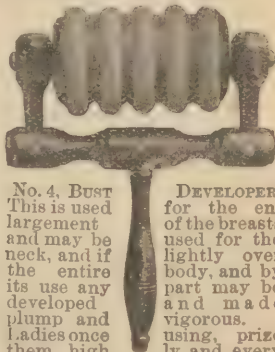


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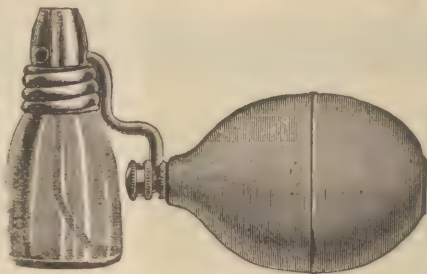
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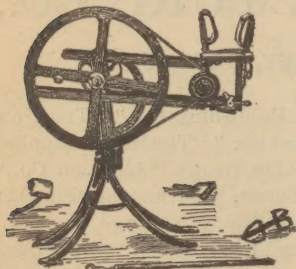
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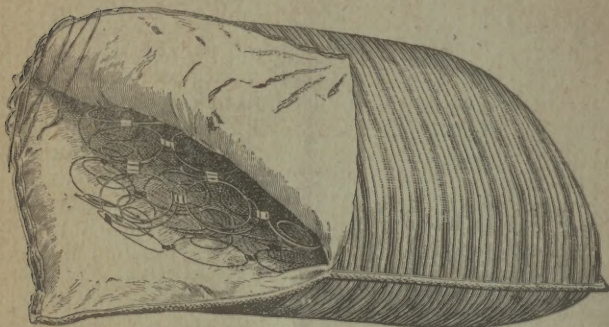
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